DISTRICT 12

Mom and Pop Small Business Grant Program Miami-Dade County

APPLICATION

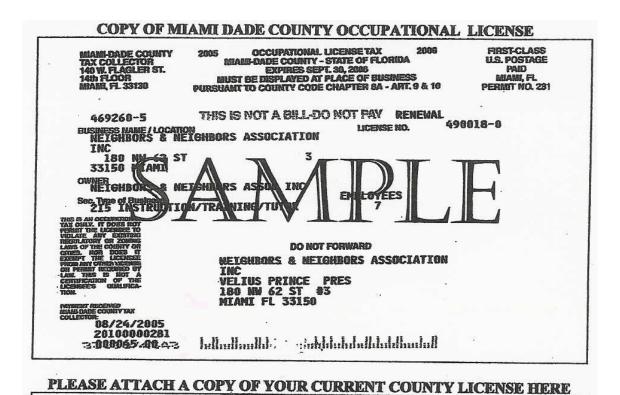
(Please print or type)

I. Business Information		
Owner(s) Name	Business Name (as it appears on License)	
	Business Address (as it appears on License)	
Owner's Home Address	City	Zip Code
District #/Commissioner (where business located)	Business Phone	
Type of Business You Operate	\$Amount of funding requested	d
II. Program Usage	h W/	
I would like to be considered for financial assi	istance to address the follow	ing need(s):
(Note – select a maximum of 3 areas only.)		
<u>USAGE</u>	DESCRIPTION	ESTIMATES
☐ Inventory / Supplies		\$
Business Equipment		\$
☐ Marketing / Advertising		\$
Commercial Liability Insurance		\$
Minor Interior/External Renovations		\$
Security System		\$

Business owners are required to provide the following information:

1.	How long have you been in business? Number of years	month	S
2.	Have you received a Mom & Pop grant in the past?	Yes	No
3.	Have you ever applied for the Mom and Pop Grant before:	Yes	_ No
4.	If yes, how much funding did you receive?	\$	
5.	My Dade County Occupational License is attached to the ap	oplication. Yes	No
<i>(</i>	Mr. City Marioinelity Livers in Attached to the condination		
0.	My City Municipality License is attached to the application	Yes	_ No
7.	Are you or any of the shareholders employed by Miami-Dao	de County?	
		Yes	No
8.	If yes, what department?		
9.	Have you ever applied for a loan?	Yes	No
10.	If yes, with whom?		
11.	. Was the loan approved?	Yes	No
12.	Do you have a past due loan with the County or any County	funded	
	Department or agency?	Yes	_ No
13.	If yes, with whom?		
			//
14.	Will you be contributing any funding to the project?	Yes	_No
15.	If yes, how much?	\$	
16.	Do you own the building that you occupy?	Yes	No
17.	Are you willing to participate in Business Development wor	kshops?	
		Yes	No

18. Number of employees?	Full-time: Part-time	2•
19. Please provide the follow	wing information regarding your cu	rrent employees(s):
NAME	ADDRESS	ZIP CODE White / Black Hispanic / Other Male / Female (Please Circle)
		W B H O M/F
		W B H O M/F
		WBHO M/F
		WBHO M/F
		WBHO M/F
1877/	MAAN	WBHO M/F
		WBHO M/F
If approved, please explain	how you intend to use the funding?	
		A CONTRACTOR OF THE PARTY OF TH
		Complex Line
0-	OUNT	
	W A IV	
	31/ 10/ 1/12	
My signatura halaw i	ndicates that I have read th	is document and fully
understand its contents		is document and fully
The information submitted of	on this document is true to the best of	my knowlodgo
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Signature		Date



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ATTACH A COPY OF YOUR CURRENT MUNICIPALITY OCCUPATIONAL LICENSE HERE

